

MAT STANDARDS

ACCESS, CHOICE, SUPPORT

An introductory briefing for people involved in planning and commissioning structures, ADPs, IJBs etc.



DRUG OVERDOSE DEATHS ARE PREVENTABLE

In Scotland we have:

- High rates of overdose deaths
- Low rates of people in treatment
- A National Mission to Reduce Drug Deaths



The evidence shows that being in treatment protects people from the harms associated with the use of street drugs including overdose deaths.

We need to increase the proportion of people who have a drug problem who are engaged in treatment. A target for the proportion of people in treatment was announced in March 2022.

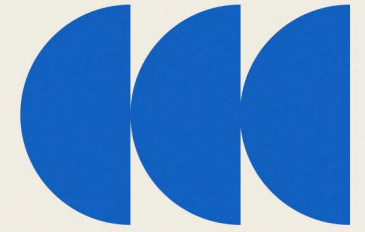
Increasing the number of people in treatment will mean:

- **Making treatment more attractive to people with a drug problem** – reducing treatment-related stigma; providing choice and autonomy to people over treatment decisions and ensuring there is outreach to people who are not in treatment
- **Making treatment more accessible** – reducing barriers to treatment and making treatment immediately accessible by providing medication on the day that people ask for help
- **Ensuring people in treatment can stay in treatment for as long as they like** – making sure people do not drop out or get pushed out of treatment.

Implementation of the Medication Assisted Treatment Standards published in May 2021 is driving necessary change to ensure treatment and other services contribute to the delivery of the National Mission to Reduce Drug Deaths.

These Standards apply to all drug treatment services that prescribe medication as part of their treatment offer. Because around nine in ten of Scotland's drug-related deaths involve opiates this will often mean the prescription of methadone, buprenorphine or diamorphine. However, the Standards also apply to services offering medication-assisted treatment and prescribing other medication, for example benzodiazepines or stimulants in the treatment of benzodiazepine or stimulant dependence.

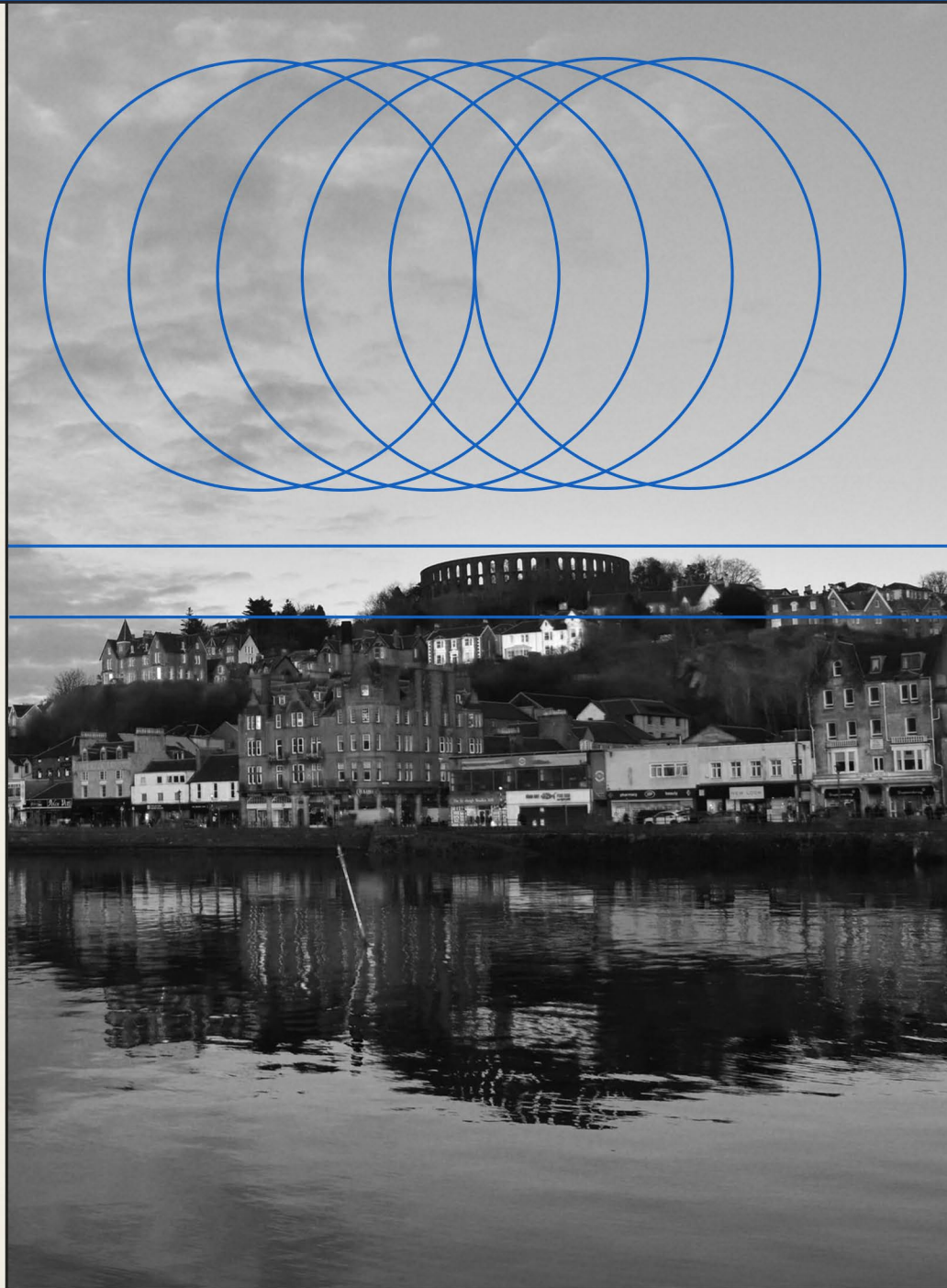




WHAT CAN BE EXPECTED OF MAT?

MAT reduces the use of street drugs and so can reduce or eliminate the harms associated with the use of street drugs including accidental overdose, bacterial and viral infection, harms associated with injecting or inhaling drugs.

MAT may also offer an opportunity that supports people in making changes in their lives - address any housing needs; assist with money management and budgeting; adapt social networks; improve relationships with family and other people; address any physical and mental health issues.



WHAT CHANGES WILL THE MAT STANDARDS BRING?

The MAT standards have been developed to ensure that services offering medication assisted treatment are attractive, accessible and support people to stay in treatment.

MAT Standards 1 -5 are being delivered through service quality improvement.

Progress on delivering standards can be made on all standards simultaneously. It is important to realise how closely linked the standards are. Ensuring same day access to treatment (MAT Standard 1) means that the current focus on assessment and pre-treatment activity can be engaged in supporting people in early treatment to remain in treatment.

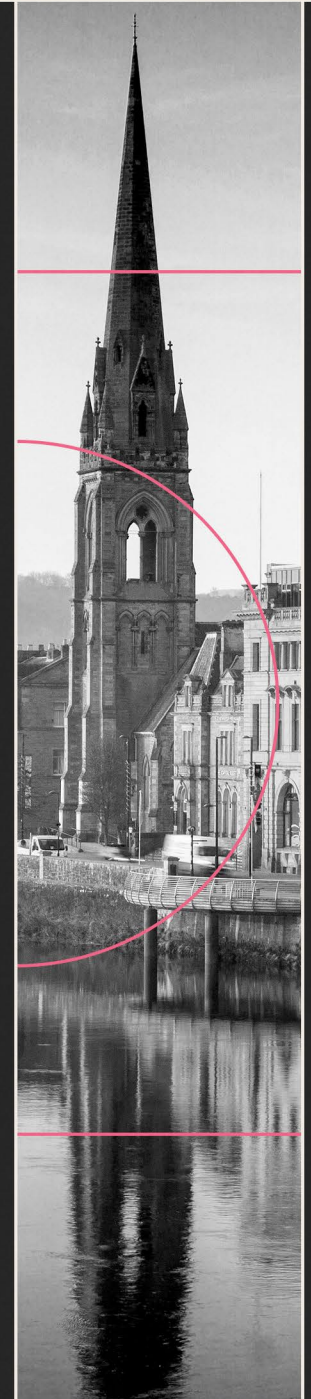
Ensuring people do not drop out of treatment (MAT Standard 5) will reduce the resource expended on supporting people to re-enter treatment. Increasing the numbers of people in treatment and ensuring they are supported to stay there should, eventually, reduce the resource required to outreach to vulnerable people who are not in treatment (MAT Standard 3).

A good therapeutic relationship with treatment service staff is crucial and a key predictor of positive outcomes in treatment. Accepting that people are to be supported and empowered to make choices, including about the medication and dosage they are on, (MAT Standard 2) means developing the relationship between staff and the people they support further. This is crucial if treatment services are to support people to enter and stay in treatment.

MAT Standards 6 – 10 will involve changes to service cultures and changes to the system of services delivering care and support to people in medication assisted treatment. The service system will be psychologically informed (Standard 6), sensitive to and actively seek to support people around the trauma they may have experienced (Standard 10) and empower people to access the support they want, including accessing and being supported in engagement with mental health services (Standard 9).

People will be supported to address their housing, welfare and income needs (Standard 8).

To support people involved in MAT, there will be access to independent advocacy (Standard 8). This will help drive necessary change within service system.





IMPLEMENTING MAT STANDARDS

The MAT Standards were published in June 2021 to be implemented by April 2022 and are to be embedded in all services providing MAT.

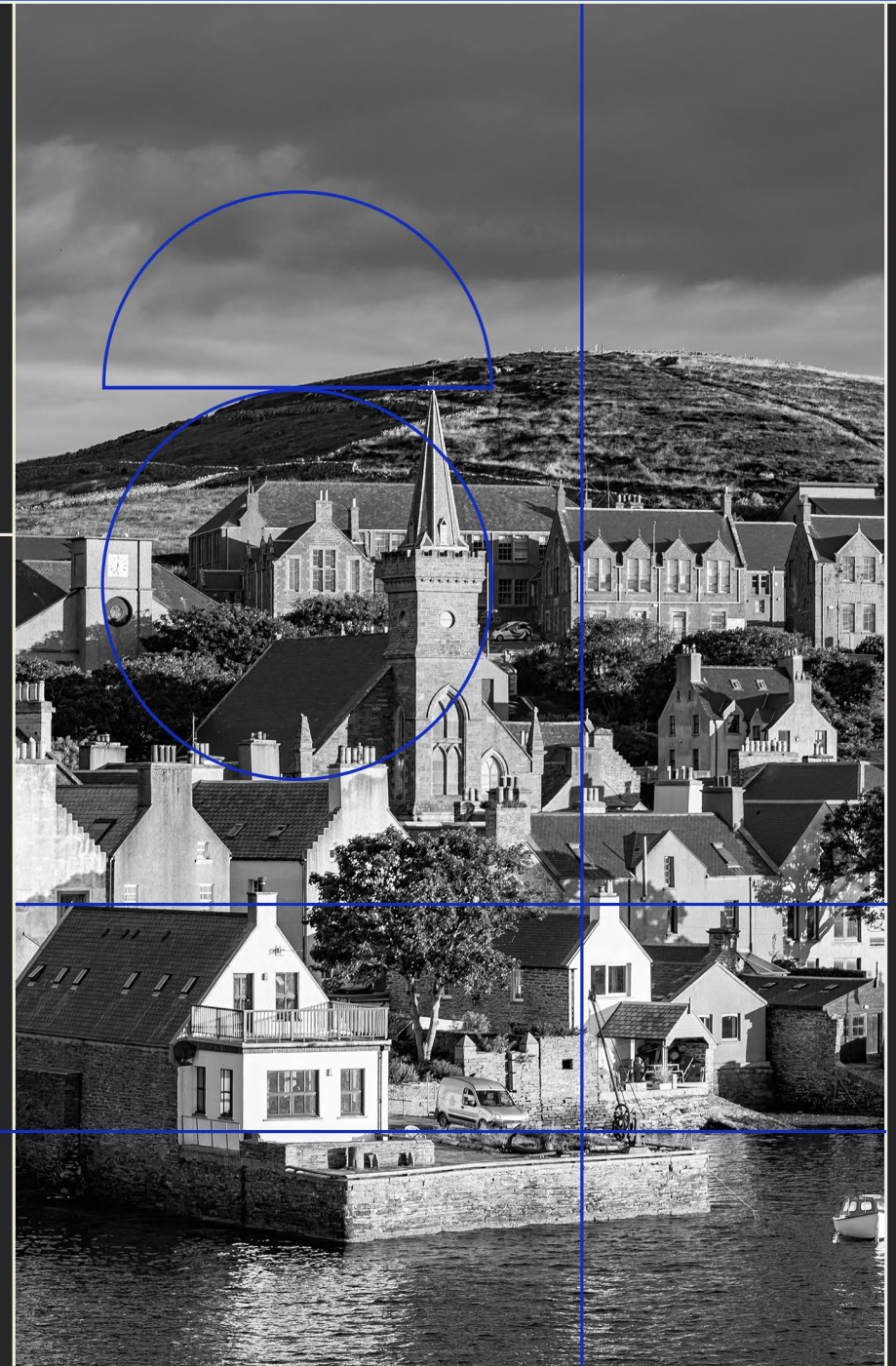
Local plans are developed on how implementation will be delivered and there are national structures working jointly which will support local implementation.

It is crucial that MAT Standards, and the wider cultural change they promise, are understood and that their implementation is actively supported by all stakeholders. This includes people who work in non-treatment services and stakeholders involved in planning structures, including Alcohol and Drug Partnerships, who have a role in supporting the changes necessary to embed the MAT Standards and feeding back on the impacts of change on the people with whom they work.

People with living experience of problem drug use who use or might use MAT services themselves should be involved in the planning of changes around MAT Standard implementation. People advocating on behalf of people who use MAT services should also help ensure effective implementation of The MAT Standards.

MEDICATION ASSISTED TREATMENT (MAT) STANDARDS: ACCESS, CHOICE, SUPPORT

The MAT Standards promise the biggest changes in drug treatment in Scotland in over twenty years – you can play a part in ensuring they are implemented, and Scotland's National Mission to Reduce Drug-related Deaths is delivered.



Medication Assisted Treatment (MAT) standards: access, choice, support available at:

<https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/>



STANDARD ONE

All people accessing services have the option to start MAT from the same day of presentation.





STANDARD TWO

All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.





STANDARD THREE

All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.





STANDARD FOUR

All people are offered evidence-based harm reduction at the point of MAT delivery.





STANDARD FIVE

All people will receive support to remain in treatment for as long as requested.





STANDARD SIX

The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.



STANDARD SEVEN

**All people have the option
of MAT shared with Primary
Care.**





STANDARD EIGHT

All people have access to independent advocacy and support for housing, welfare and income needs.





STANDARD NINE

All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.



STANDARD TEN

All people receive trauma informed care.





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July 2022

www.matstandards.scot

